

RESIDENTIAL CHILD CARE DISCHARGE FORM

Purpose: Residential Child Care Providers use this form to request CPS to remove a child from a placement

Directions: Contractor shall complete and submit this Discharge Notice Form and submit to the Caseworker, the CPS Supervisor, and the Regional Placement unit for the child's legal region:

Mailbox links to the DFPS Placement Requests by Region:

Region 1: TXreq1placement@st-francis.org

Region 2: cmd@2ingage.org

Region 3: PLREQR03@dfps.texas.gov
Region 3 OCOK: Discharge@oc-ok.org
Region 4: PLREQR04@dfps.texas.gov
Region 5: PLACEREQ05@dfps.texas.gov
Region 6: PLREQR06@dfps.texas.gov
Region 7: R07PLACE@dfps.texas.gov
Region 8: PLACER08@dfps.texas.gov

Region 8 Belong: Placementbelong@sjrctexas.org

Region 9: <u>DFPSReg9PlacementRequests@dfps.texas.gov</u>

Region 10: PLAREQ10@dfps.texas.gov Region 11: PLACER11@dfps.texas.gov

For all Qualified Residential Treatment Program (QRTP) Placement Discharges, notice must also be submitted to: DFPSORTP@dfps.texas.gov

The provider must send notice as soon as possible upon determining that it is no longer in the child's best interest to remain at the provider's facility because the provider cannot meet the needs of the child.

Contractor shall complete and submit this form for any placement change after the child's initial placement; including movement from one foster home to another within the same Child Placing Agency.

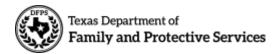
Discharge Types

QRTP Discharge Notice

When a child or youth is placed in a QRTP and provider has determined there is cause to conduct an unplanned discharge, provider must complete the following:

- 1. Submit a written statement to DFPSQRTP@dfps.texas.gov of the intent to discharge which is signed by the Contractor's Treatment Director or Clinical Director and outlining detailed reason(s) for the unplanned discharge request.
- 2. Conduct a multidisciplinary meeting that includes members of the child's treatment and permanency teams, DFPS, and the child, and address the following:
 - a. Efforts made to prevent discharge and stabilize the child's placement
 - b. Services and therapeutic interventions provided to the child to prevent discharge and stabilize placement
 - c. Recommendations for most appropriate placement
 - d. Additional treatment services the child will require
- 3. Complete a written statement following the multidisciplinary meeting which shall be signed by members of the child's treatment and permanency teams and the child providing the information in #2.
 - a. Submit the signed statement to DFPS by emailing <u>DFPSQRTP@dfps.texas.gov</u> within two business days of the multidisciplinary meeting.

DFPS will review the information within two business days and If DFPS **or** DFPS and the SSCC designee agree to discharge the child, the Contractor will follow standard discharge timeframes and requirements outlined in 24 hour RCC contract and submit the Residential Child Care Discharge form (Form K-902-2109).



Twenty-Four Hour Discharge Notice

A child or youth is arrested and the child is in jail or a juvenile detention facility and the provider is not willing to allow the child to return to the operation following release from jail or juvenile detention.

A child or youth placed in a foster home is admitted to a psychiatric hospital because the child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the caregiver is not equipped to manage and the provider is not willing for the child to return to the placement after stabilization.

A child or youth placed in a GRO that does **not** provide treatment services is admitted to a psychiatric hospital because the child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the caregiver is not equipped to manage and the provider is not willing for the child to return to the placement after stabilization.

A child or youth placed in a GRO-ECS ONLY services is admitted to a psychiatric hospital because the child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the caregiver is not equipped to manage and the provider is not willing for the child to return to the placement after stabilization.

Ten Day Discharge Notice - GRO-ECS

This type of notice is for a GRO - Emergency Care Services (ECS), when the GRO-ECS has determined that it is no longer in the child's best interest to remain at the facility, or that the GRO-ECS cannot meet the needs of the child. After receiving notification, CPS will remove the child within 10 calendar days.

Fourteen Day Discharge Notice

A psychiatrist, licensed psychologist, physician, LCSW or LPC has provided documentation showing that the child consistently exhibits behavior that cannot be managed within the provider's licensed programmatic services. CPS will consult with the provider to determine a plan for removing the child within 14 calendar days.

Thirty Day Discharge Notice

It is no longer in the child's best interest to remain at the provider's facility, or the provider cannot meet the needs of the child.

Exception to 14 day or 30 day discharge notice

If a youth placed in a GRO offering treatment services is admitted to a psychiatric hospital and the facility does not plan for the child to return to the facility following stabilization, the provider may request an exception to the 14 day or 30 day discharge notice.

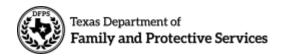
In order for DFPS to consider an exception, the provider must demonstrate good faith efforts to serve the youth in the facility by discharging the child back to their facility at least two times prior to the exception request. The provider must complete due diligence and demonstrate that all resources have been exhausted that would support the child in the placement. This includes STAR Health options, creative solutions, resources from CPS including but not limited to education specialists. The Provider's Clinical Team is also required to meet with the Psychiatric Hospital's Clinical Team prior to considering an exception.

Circumstances that an exception would be considered for a child to not return to the GRO, RTC, or GRO offering treatment services once stabilized and ready for discharge from psychiatric hospitalization:

- 1. Safety concerns for the child, other children in the placement, and/or staff.
- 2. If the Provider is not equipped to manage the child's specific and unique needs and/or behaviors. Examples include: medical needs, significant change in behavioral needs, change in diagnosis.
- 3. Child's absolute refusal to return. Motivational interviewing is required prior to considering this exception.

Timeframes for Exception Process:

The licensed administrator for the operation must send a request to the CPS Program Director in the caseworker's chain of command.



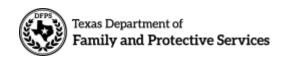
The exception request must include:

- Dates of the child's hospitalization,
- · Dates the child returned to the operation,
- Services provided to the youth to support him/her following stabilization, and
- The reason the provider is unable to meet the child's needs.

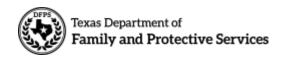
The CPS Program Director will review the exception request within three business days and notify the provider, in writing, of the decision to grant or not grant the exception.

If CPS Program Director approves exception, child will be discharged from placement within 24 hours.

CHILD S INFORMATION				
Child's Name:	Child's Person ID Number:	Child's DOB:		
10 Day Discharge Notice (GRO providing emergency care Emergency)		discharge Notice (Non-		
CONTRACTOR INFORMATION				
Contractor Name:	Resource ID number:	Date Form Completed:		
Person Completing the Form:	Contact Phone Number			
Contracted Service Type: GRO - Child Care Services GRO - Providing Treatment Services GRO - Emergency Services CPA - Child Placing Agency	☐ CSC – Child Specific Contract ☐ SIL – Supervised Independent Living ☐ IPTP – Intensive Psychiatric Transition Program ☐ QRTP – Qualified Residential Treatment Program			



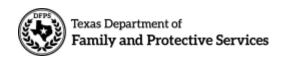
DISCHARGE REASON				
Provide reason contractor is requesting discharge (select all that apply): Achieved therapeutic goals Child's behavior Caregiver moved Change of verification/License type Not least restrictive Not verified/licensed to serve Facility/Home closed/inactive Risk (or actual) abuse/neglect	Remains in placement, change of CPA Service level decreased Service level increased Child incarcerated Child hospitalized Child detained in a locked facility, jail, or juvenile detention facility For GROs only: GRO Discharging due to 24 Hour Awake Supervision Requirement			
EFFORTS TO PREVENT PLACEMENT DISRUPTION				
Indicate efforts made to prevent placement disruption (select all that app Utilized the YES waiver (or contracted LMHA YES Waiver contact to putilized TCM Rehab services Contacted STAR Health Turning Point (for Bexar, Harris & Tarrant concontacted local mental health authority mobile crisis team Utilized STAR Health Service Coordination Utilized STAR Health Complex Case Management Other (please specify)	ursue YES Waiver)			



RECOMMENDATION		
Provide recommendations for future placement. This can include information regarding the child's triggers, what type of placement the child requires, what level of supervision, or special services that may be needed.		

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our <u>Privacy and Security Policy</u>.



SIGNATURES		
Contractor Signatory Authority:		
X		
Printed Name:		
Title:	Date Signed:	
FOR DFPS USE ONLY		
Resource ID:		
Date of Placement:		
Date of Notice:		
Caregiver Name:		
FOR QRTP DISCHARGE NOTICE REVIEW ONLY		
Decision: Approve Discharge Disapprove Discharge		
Director or Associate Director of Placement Services (or designee) name:		
Date of Decision:		
Date Provider Notified of Decision:		
Comments:		